

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

36639

1000

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City Mo.

(No. Research Hospital)

File No.

Registered No.

St.

Ward)

2. FULL NAME Theresa DREES

(a) Residence, No. 5530 Euclid Ave. St.  Ward.   
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs.  mos.  ds. How long in U. S., if of foreign birth?  yrs.  mos.  ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Aloysius A. Drees.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 16, 1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

35

42

5

23

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Topeka Kansas.

FATHER

13. NAME Emos McDonald.

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

West Virginia

MOTHER

15. MAIDEN NAME Barbara Hartig

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Eudora Kansas

17. INFORMANT  
(ADDRESS)

Aloysius A. Drees.  
5530 Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary

DATE Oct. 12, 1937

19. UNDERTAKER  
(ADDRESS)

Mellody-McGilley.  
K. C. Mo.

20. FILED

Oct 11 37 M. M. Brown  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct 5, 1937, to Oct 9, 1937

I last saw him alive on Oct 9, 1937 Death is said

to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pressure (Hobbs)  
with lower lobe  
5 days

Other contributory causes of importance:

Cardiac failure

Date of onset

2 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

L. P. Melue, M. D.  
1132 Pleasant St.

